

CAPACITY BUILDING FUNDING REQUEST FORM

**THIS FORM IS TO BE COMPLETED BY A HEALTH OR SOCIAL SERVICES PROFESSIONAL
 THE INFORMATION PROVIDED WILL BE USED TO DETERMINE ELIGIBILITY FOR CHILD CARE FEE
 SUBSIDY**

Ensure all sections are completed, submit this form to the Child Care Service Management department for review.

Email: subsidy@psdssab.org or Fax: 705-746-8731

CONTACT INFORMATION

CHILD CARE OPERATOR: _____

NAME/POSITION: _____

PHONE: _____ EMAIL: _____

REASON FOR FUNDING REQUEST:

Amount of Funding requested:

Staff included and positions:

Topic/Area of Focus (Provide a brief summary on the topic and demonstrated need):

Please provide details pertaining to the funding request such as anticipated timelines, how the capacity funding will benefit the organization, how the funding will be spent.

Please indicate if submission is on a separate document

AUTHORIZATION

Please indicate who completed the form below:

NAME AND TITLE : _____
(please print)

VERIFICATION: By checking the box below I confirm I have consent of the organization to submit a funding request and the information provided is complete and accurate to the best of my ability.

Consent and Authorization

DATE: _____

FOR OFFICE USE ONLY – DSSAB RESPONSE

Approved Denied